



**COUNTY OF LOS ANGELES
DEPARTMENT OF AUDITOR-CONTROLLER**

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May 6, 2010

TO: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM: Wendy L. Watanabe
Auditor-Controller

SUBJECT: **LAMP COMMUNITY CONTRACT REVIEW – A DEPARTMENT OF
MENTAL HEALTH SERVICE PROVIDER**

We completed a program review of Lamp Community (Lamp or Agency), a Department of Mental Health (DMH) service provider.

Background

DMH contracts with Lamp, a private non-profit community-based organization that provides services to clients in Service Planning Area 4. Services include interviewing program clients, assessing their mental health needs and developing and implementing a treatment plan. The Agency's headquarters is located in the Second District.

DMH paid Lamp on a cost-reimbursement basis between \$1.60 and \$3.83 per minute of staff time (\$96 to \$229.80 per hour) for services or approximately \$2 million for Fiscal Year 2008-09.

Purpose/Methodology

The purpose of our review was to determine the appropriateness of the services Lamp provided based on available documentation. This included a review of the Agency's billings to DMH, participant charts and personnel and payroll records. We also interviewed Agency staff.

Results of Review

Lamp staff possessed the required qualifications to provide the mental health services provided under the County contract. However, Lamp did not always comply with other County contract requirements. Specifically, Lamp did not:

- Maintain documentation to support 354 (12%) of the 2,966 service minutes sampled. The amount of unsupported billings totaled \$889.
- Complete some elements of the Assessments, Client Care Plans and Progress Notes in accordance with the County contract.
- Document Informed Consent in four (27%) of the 15 clients' charts sampled where the clients received psychotropic medication.

We have attached the details of our review along with recommendations for corrective action.

Review of Report

We discussed the results of our review with Lamp and DMH. In the attached response, the Agency concurred with our findings and recommendations and agreed to repay DMH \$889. The Agency's corrective action plan also indicates that they streamlined internal procedures to better monitor claims or progress notes billed to DMH. Their plan includes implementing a monthly internal audit of medical charts to ensure proper documentation is maintained. In addition, we will follow-up on the Agency's progress in implementing corrective actions.

We thank Lamp management for their cooperation and assistance during this review. Please call me if you have any questions or your staff may contact Don Chadwick at (213) 253-0301.

WLW:MMO:JET:DC:EB

Attachment

c: William T Fujioka, Chief Executive Officer
Dr. Marvin J. Southard, Director, Department of Mental Health
Fred Simmons, Chair, Board of Directors, Lamp Community
Shannon Murray, Acting Executive Director, Lamp Community
Public Information Office
Audit Committee

**DEPARTMENT OF MENTAL HEALTH
LAMP COMMUNITY
FISCAL YEAR 2008-09**

BILLED SERVICES

Objective

Determine whether Lamp Community (Lamp or Agency) provided the services billed in accordance with their County contract with the Department of Mental Health (DMH).

Verification

We selected 35 billings totaling 2,966 minutes from 34,682 service minutes of approved Medi-Cal billings for April and May 2009, which were the most current billings available at the time of our review (November 2009). We reviewed the Assessments, Client Care Plans and Progress Notes maintained in the clients' charts for the selected billings. The 2,966 minutes represent services provided to 15 program participants.

Results

Lamp did not maintain documentation to support 354 (12%) of the 2,966 service minutes sampled. The undocumented billings totaled \$889. Specifically, Lamp billed DMH:

- 234 minutes for the Targeted Case Management, Mental Health Services and Medication Support Services without Progress Notes to support the billings.
- 120 minutes for the Mental Health Services without documenting how the services provided contributed to achieving the client's goal. The Progress Notes did not document Assessment, therapy, rehabilitation, collateral or plan development as required.

In addition, Lamp did not always complete some elements of the Assessments, Client Care Plans, Informed Consents and Progress Notes in accordance with the County contract.

Assessments

Lamp did not adequately describe the symptoms and behaviors exhibited by the clients to support the Agency's clinical diagnosis for five (33%) of the 15 clients Assessments sampled. An Assessment is a diagnostic tool used to document the clinical evaluation of each client and establish the client's mental health treatment needs. The County contract requires Agencies to follow the Diagnostic and Statistical Manual of Mental Disorders (DSM) when diagnosing clients.

Client Care Plans

Lamp did not complete the Client Care Plans for 13 (87%) of the 15 clients sampled in accordance with the County contract. Specifically:

- Eleven Client Care Plans contained goals that were not specific.
- Six Client Care Plans did not relate to the clients' Assessment, functional impairments or presenting problems.

The number of incomplete Client Care Plans above exceeds the total number of Client Care Plans in question because some Client Care Plans contained both findings.

Progress Notes

Lamp did not complete 13 (37%) of the 35 Progress Notes in accordance with the County contract. Specifically:

- Thirteen Progress Notes for the Medication Support Services did not document the name, dosage and quantity of the medication clients were taking.
- Four Progress Notes for the Mental Health Services did not document what the clients or service staff attempted and/or accomplished towards the clients' goals.

Informed Consent

Lamp did not document Informed Consent in four (27%) of the 15 clients' charts sampled, in which the clients received psychotropic medication. Informed Consent is the client's agreement to a proposed course of treatment based on receiving clear, understandable information about the treatments' potential benefits and risks.

Recommendations**Lamp management:**

- 1. Repay DMH \$889.**
- 2. Maintain sufficient documentation to support the service minutes billed to DMH.**
- 3. Ensure that Assessments, Client Care Plans and Progress Notes are completed in accordance with the County contract.**
- 4. Ensure that Informed Consent is obtained and documented in the client's chart on an annual basis.**

STAFFING LEVELS

Objective

Determine whether the Agency maintained the appropriate staffing ratios for applicable services.

We did not perform test work in this section, as the Agency did not provide services that require staffing ratios for this particular program.

Recommendation

None.

STAFFING QUALIFICATIONS

Objective

Determine whether Lamp's treatment staff possessed the required qualifications to provide the services.

Verification

We reviewed the California Board of Behavioral Sciences' website and/or the personnel files for all seven Lamp treatment staff that provided services to DMH clients during April and May 2009.

Results

Each employee in our sample possessed the qualifications required to provide the services billed.

Recommendation

None.



March 10, 2010

TO: Wendy Watanabe, Auditor-Controller
Susan Kim, Principal Accountant-Auditor
Sukeda Day, Program Specialist
Tony Belize, Deputy Director, LACDMH
Edward Vidaurri, District Chief, LACDMH
Antonio Gando, Fiscal Officer, LACDMH

CC: Fred Simmons, Chair of Board, Lamp Community
Shannon Murray, Acting Executive Director, Lamp Community
Stuart Robinson, Director of Programs, Lamp Community
Bob Berman, Chief Financial Officer, Lamp Community

FROM: Leah D. Carroll, MSW, ASW, Clinical Manager, Lamp Community

SUBJECT: **LAMP, INC. CORRECTIVE ACTION PLAN IN RESPONSE
TO DEPARTMENT OF MENTAL HEALTH CONTRACT
REVIEW**

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Shannon Murray

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LAMP, Inc. (LAMP or Agency) reviewed the results of the program review. Delineated herein, is the Agency's response and associated Corrective Action Plan (CAP) for each recommendation.

BILLED SERVICES

1 & 2. It is the Agency's understanding that LAMP did not maintain sufficient documentation to support 354 service minutes of billed to DMH, totaling \$889. Specifically:

- LAMP did not provide progress notes to support \$641 worth of billings
- LAMP did not provide sufficient documentation to support \$248 worth of billings. Said progress notes did not document how the service provided targeted the client's goal.

RECOMMENDATION: Repay DMH \$889

CORRECTIVE ACTION: Agency agrees to repay DMH \$889.

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RECOMMENDATION: Maintain sufficient documentation to support the service minutes billed to DMH.

CORRECTIVE ACTION: The Agency streamlined internal surveillance procedures to more clearly monitor claims or progress notes, billed to DMH. The Clinical Manager reviews claims to ensure the accuracy of claim data including date of service, face to face and other time, place of service, and procedure code. The Clinical Manager ensures that documented objectives and targeted interventions support the procedure code billed. The Agency intends this procedure to minimize inconsistencies with incorrect procedure codes and units of time billed. Additionally, the Agency plans to implement a monthly internal audit of 10% of Medi-Cal charts. Internal surveillance of Medi-Cal charts will consist of reviewing all documentation to ensure completeness and accuracy per cycle dates and Medi-Cal/County standards. It will also consist of a reconciliation of chart claims against claims billed to the Integrated System (IS). Inconsistencies in claims will be adjusted in the IS per County procedure. Going forward, the Agency does not intend to maintain charts with outstanding progress notes; however, should this issue arise the reconciliation will assist staff in identifying and rectifying this issue. Finally, the Agency's Data Entry Coordinator, responsible for claim/data entry into the IS, received and continues to receive training in recognizing incorrect billing data and works to rectify claim issues prior to submission in the IS.

The reader is directed to number three "d" (3d) below to review the Agency's corrective action plan pertaining to maintaining progress notes that document how service(s) provided target client goals.

3. It is the Agency's understanding that LAMP did not always complete some elements of the Assessments, Client Care Plans, and Progress Notes in accordance with the County contract. Specifically:

- LAMP did not adequately describe the symptoms and behaviors exhibited by the client to support the Agency's clinical diagnosis.
- LAMP did not adequately develop and document specific and measurable/quantifiable goals for eleven Client Care and Coordination Plans surveyed. Additionally, 6 of the Care Plans surveyed did not relate to the client's Assessment, functional impairment, or presenting problems.
- LAMP did not adequately document name, dosage, and quantity of medication client's were taking for Medication Support Services notes.
- LAMP did not adequately document what the clients and/or service staff attempted and/or accomplished towards the clients' goals.

RECOMMENDATION: Ensure that Assessments, Client Care Plans, and Progress Notes are completed in accordance with County contract.

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CORRECTIVE ACTION: The Director of Programs and Clinical Manager met with County Program Specialist, Sukeda Day, post-audit to discuss findings pertaining to substandard documentation. Mrs. Day clarified and delineated the exactness by which the Agency is required to document client data. The Agency is now clear as to the specificities by which to document and incorporated both the recommendations provided by Mrs. Day and the audit results into regular Quality Assurance/Improvement internal surveillance.

The Agency conducts a two tiered review of clinical documentation pertaining to Assessments, Client Care and Coordination Plans, and Progress Notes. Tier one consists of a quality review conducted by the Agency's Clinical Manager, who ensures that all clinical content is complete and accurate. Tier two consists of a quality review conducted by the Agency's Clinical Supervisor, who reviews all clinical content to ensure clinical congruity, appropriateness, and accuracy. Specifically:

- a. Assessments: The Agency's Clinical Manager reviews Assessments to ensure that all prompts are answered thoroughly and comprehensively. The Manager ensures that all Assessment sections, as appropriate, contain data pertaining to clients' presenting symptoms, behavior, and subsequent functional impairment. The Agency's Clinical Supervisor reviews Assessments to ensure that all clinical content documents presenting symptoms, behavior, and functional impairment. Furthermore, the Clinical Supervisor ensures that clinical content documents medical necessity and that clinical congruity is met. The Clinical Supervisor ensures that presenting symptoms and behavior documented support the clinical diagnosis provided, that the diagnosis provided is a Diagnostic Statistical Manual supported diagnosis, and that the diagnosis provided is an "Included Diagnosis."
- b. Client Care and Coordination Plans (CCCP): The Agency's Clinical Manager has since tenaciously incorporated the "SMART" goal format into the development of CCCPs. The Manager has additionally provided staff training pertaining to developing objectives that are specific, measurable, attainable, realistic and time-bound. Going forward, the Agency's CCCPs document objectives that specify symptoms/area of impairment to be targeted, current frequency of symptom(s), proposed frequency of symptom reduction, and duration of targeted treatment. The objectives make clear, the target of symptom reduction. Review and surveillance of CCCPs occurs regularly and follows the two tier process: The Clinical Manager reviews CCCPs to ensure that all baselines and objectives relate directly back to presenting symptoms and functional impairment as derived from the Assessment. The Clinical Supervisor then reviews CCCPs to ensure that proposed targeted objectives make clinical sense and are clinically appropriate in accordance with data recorded in the Assessment. The Clinical Supervisor ensures that CCCPs and Assessments are clinically congruent.
- c. Medication Support Services notes: Since the review, the Agency regularly incorporates name, dosage, and quantity of client medication into Medication Service notes. Additionally, nursing staff document when a change in medication occurred and adjust documentation of client medications to reflect such change.

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- d. Progress Notes: Since the review, the Agency incorporated an additional screening element to progress note review concomitant with staff training pertaining to the “how tos” of appropriately practicing and relating interventions to objectives. The Agency’s Clinical Manager and Clinical Supervisor both screen progress notes to ensure that treatment interventions contained within each clinical note are geared towards accomplishing objectives developed and documented on the CCCP. It is also the case that the Clinical Manager and Clinical Supervisor screen clinical notes to ensure that documentation contains client response to the targeted intervention and client’s progress made towards accomplishing objectives, as related to the intervention. Supervisors ensure that 6 month and Annual progress notes document progress made towards goal accomplishment. Pertaining to practice, the Clinical Manager provides staff with regular supervision to assist staff in directing daily practice towards objectives identified by the client in the CCCP. The Agency is working towards mastering both the practice and documentation of these standards and intends to fully use the County directed post-audit site specific training to work towards this goal.
- e. The Agency plans to further master development and implementation of proper documentation by utilizing a post-audit, site specific, documentation training offered by the County Auditor-Controller. It is the Agency’s intention that this training will assist in correcting substandard documentation. Going forward, the Agency plans to incorporate information provided in the training into regular documentation procedures, standards, and internal trainings.

4. It is the Agency’s understanding that Lamp did not always document Informed Consent pertaining to clients receiving treatment with psychotropic medication.

RECOMMENDATION: Ensure that Informed Consent is obtained and documented in the client’s chart on an annual basis.

CORRECTIVE ACTION: The Agency contends that substandard documentation of Informed Consent occurred due to a general oversight of this practice on the part of their psychiatric staff. The Clinical Manager has since counseled psychiatric staff regarding this documentation standard, and reinforced the requirement to document in compliance with County contracting. Additionally, the Clinical Manager now reviews psychiatric documentation weekly, and reconciles consecutive progress notes in an effort to track documented changes and/or discontinuations in client medications. If medication change is determined, the Manager ensures that Informed Consent was procured and completed with quality and accuracy. The Manager furthermore provides notification of medication change to nursing staff who then incorporates the change of medication(s) into nursing documentation. Finally, the Agency will incorporate obtainment of Informed Consent into Annual Assessment documentation.

The Agency did not provide formal response to review results titled Staffing Levels and Staffing Qualifications as the Agency does not provide services that warrant review of this section and/or the Agency was found to be in compliance with County regulations.